PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09991458

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS				(Column 1)		(Column 2)		ſ	RATE	FEE	он Г	RATE	FEE
TOTAL CLAIMS				39				ŀ	BASIC FEE	370.00		BASIC FEE	740.00
FO	R			NUMBER FILED			R EXTRA	ľ	BASIC FEE	370.00	OH		740.00
TOTAL CHARGEABLE CLAIMS				39 minus 20=		* 19			X\$ 9=	171	OR	X\$18=	
INDEPENDENT CLAIMS				5 minus 3 =		* 2			X42=	84	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								Ī	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	625	OR	TOTAL	
CLAIMS AS AMENDED - PART II									•			OTHER	THAN
(Column 1)				AMILIADED			(Column 3)	_	SMALL	NTITY	OR	SMALL	
NTA			CLAIMS REMAINING AFTER		NUM PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	7	otal	* B	Minus	**		=		X\$ 9=		OR	X\$18=	
	Ti	ndependent			***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPEN			PENDE	NT CLAIM			+140=		OR	+280=		
			•				•		TOTAL		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT. PCL	
 	_		(Column 1) CLAIMS		HIC	SHEST		וֹ וֹ		ADDI-	1		ADDI-
AMENDMENT B			REMAINING AFTER AMENDMEN		PRE	IMBER VIOUSLY ID FOR	PRESENT	\	RATE	TIONAL FEE		RATE	TIONAL FEE
		Total	* S	Minus	** (39	= /		X\$ 9=		OR	X\$18=	
N I		Independent	*	Minus	***	3]= /	4	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
BEST AVAILABLE COPY									TOTAL	-	-1	TOTA ADDIT. FE	1/-
									ADDIT. FEE			ADDII. FE	
-	_		(Column 1)		lumn 2) GHEST	(Column 3	–	F	ADDI	٦ .		ADDI-
	2		REMAINING AFTER	•	NI PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	TIONAL
	UME	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=	
	N I	Independent	*	Minus	***		=-		X42=		OF	X84=	
	<u> </u>	FIRST PRES	ENTATION OF	MULTIPLE DI	EPEND	ENT CLAIR	<u> </u>			1	1		
	* If the entry in column 1 is I so than the entry in column 2, write "0" in column 3.								+140=		OF		
		ACAL - MI Cabash M		v Paid For IN I	HIS SPA	LE IS IUSS II	INII ZU, GIILGI A	20.	TOTAL ADDIT. FEI	<u> </u>	OF	ADDIT. FE	E
	##	If the "Highest N The "Highest Nu	lumb r Previous Imber Previously	y Paid For" IN T Paid For" (Total	HIS SPA or Indep	.CE is less to endent) is t	han 3, nt r *3. he highest num	iber f			oox in	column 1.	